



07-20-00

A

Please type a plus sign (+) inside this box → PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. Knowles/Hair LossFirst Inventor or Application Identifier KnowlesTitle Hair Loss

Express Mail Label No. _____

 07/19/00
 +
 07/19/00
 07/19/00
APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification [Total Pages 26] (preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 U.S.C. 113) [Total Sheets —]
4. Oath or Declaration [Total Pages —]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
8. 37 C.F.R. § 3.73(b) Statement Power of (when there is an assignee) Attorney
9. English Translation Document (if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
11. Preliminary Amendment
12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
13. Small Entity Statement(s) Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired
14. Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. Other: Petition To Make Special

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or Correspondence address below**22926**

Name

PATENT TRADEMARK OFFICE

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)	<u>Mark Pohl</u>	Registration No. (Attorney/Agent)	<u>35,325</u>
Signature	<u>J. Mark Pohl</u>	Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement; otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)733⁰⁰

Complete if Known

Application Number	
Filing Date	
First Named Inventor	<u>Knowles</u>
Examiner Name	
Group / Art Unit	
Attorney Docket No.	<u>Knowles/HairLoss</u>

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:							
Deposit Account Number <input type="text"/>							
Deposit Account Name <input type="text"/>							
<input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17							
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity				Small Entity			
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description	Fee Paid			
101	760	201	280	Utility filing fee	<u>345</u>		
106	310	206	155	Design filing fee	<input type="text"/>		
107	480	207	240	Plant filing fee	<input type="text"/>		
108	760	208	380	Reissue filing fee	<input type="text"/>		
114	150	214	75	Provisional filing fee	<input type="text"/>		
SUBTOTAL (1) (\$) <u>345</u>							
2. EXTRA CLAIM FEES							
Extra Claims				Fee from below	Fee Paid		
Total Claims	<u>22</u>	-20** = <u>2</u>	x <u>9</u> = <u>18</u>				
Independent Claims	<u>2</u>	- 3** = <u>-</u>	x <u>-</u> = <u>-</u>				
Multiple Dependent			= <u>18</u>				
** or number previously paid, if greater; For Reissues, see below							
Large Entity				Small Entity			
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description	Fee Paid			
103	18	203	9	Claims in excess of 20	<input type="text"/>		
102	78	202	39	Independent claims in excess of 3	<input type="text"/>		
104	260	204	130	Multiple dependent claim, if not paid	<input type="text"/>		
109	78	209	39	** Reissue independent claims over original patent	<input type="text"/>		
110	18	210	9	** Reissue claims in excess of 20 and over original patent	<input type="text"/>		
SUBTOTAL (2) (\$) <u>18</u>							
Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$) <u>370</u>			

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	<u>Mark Pohl</u>	Registration No. (Attorney/Agent)	<u>35,325</u>	Telephone	<u>(973)665-0275</u>
Signature	<u>Mark Pohl</u>			Date	<u>11 July 00</u>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Mark Pohl, Esq.
☎ (973) 665-0275
licensinglaw@juno.com

55 Madison Avenue, 4th floor
Morristown, NJ 07960

Pharmaceutical patent law,
licensing and business development

17 February 2000

DGM Industries, Inc.
2 Tallwood Court
Morris Plains, NJ 07950
BY TELECOPIER

[REDACTED]
[REDACTED] CLIENT
[REDACTED] INFORMATION

Re: Patentability Search

Sirs:

Please do a patentability search to find prior disclosures of a hair loss treatment composition comprising (a) a testosterone inhibitor and (b) a skin penetration agent, optionally together with (c) a minoxidil-class compound. Please also send copies of the cited patents.

If you have any questions, please feel free to call me. Many thanks for your help.

Sincerely,



mbc:mp
bcc: W. R. Knowles, M.D.

TO:	TC-614	REF. NO. OR ROOM, BLDG.
FROM:	E. Cook BPA/T <i>Cook/Checo</i>	REF. NO. OR ROOM, BLDG.
ACTION		

<input type="checkbox"/> NOTE AND FILE	<input type="checkbox"/> PER OUR CONVERSATION
<input type="checkbox"/> NOTE AND RETURN TO ME	<input type="checkbox"/> PER YOUR REQUEST
<input type="checkbox"/> RETURN WITH MORE DETAILS	<input type="checkbox"/> FOR YOUR APPROVAL
<input type="checkbox"/> NOTE AND SEE ME ABOUT THIS	<input type="checkbox"/> FOR YOUR INFORMATION
<input type="checkbox"/> PLEASE ANSWER	<input type="checkbox"/> FOR YOUR COMMENTS
<input type="checkbox"/> PREPARE REPLY FOR MY SIGNATURE	<input type="checkbox"/> SIGNATURE
<input checked="" type="checkbox"/> TAKE APPROPRIATE ACTION	<input type="checkbox"/> INVESTIGATE AND REPORT

COMMENTS:

GPO : 1996 O - 169-596

Hold fee for 2 months
After the Ex. Cons. Date

Bill Lammer
Scanner Cook
308-9797